

AN ALLEGIANCE TO ABSENCE: FIDELITY TO THE INTERNAL VOID

BY RACHEL SOPHER

The internal void or absence is often formulated in terms of the ongoing structural consequences of a profound lack in early maternal care resulting in a deficiency in psychic structure, an area of weak or non-representation. Rather than defining the psychic void solely as a lack of inner development leaving a passively experienced impoverished inner world, this paper highlights the phenomenon of libidinal investment in the original black hole in the early care-taking environment, creating an allegiance to absence, an emotional investment in a state of nothingness that actively impedes psychic growth and shuts down elaboration of the generative unconscious. Because the type of early absence comes about at a time when the difference between self and non-self is still developing, language and other types of communication that clearly define self and other may not be the most useful methods of broaching these early unformulated states. Treating an allegiance to absence requires that the primary attachment, or absence thereof, becomes actualized in the relationship between patient and analyst, the unique manifestations of which bring to life the absence in the here and now where it can be experienced and transformed.

Rachel Sopher is Board Director, Supervisor and Faculty, NIP (National Institute for the Psychotherapies Training Institute), and Faculty, Stephen Mitchell Center for Relational Studies. She acts as senior editor of *Psychoanalytic Perspectives*, and is a psychoanalyst and psychotherapist in private practice in NYC.

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JENNIE

It is the end of a session with my patient Jennie; she rocks back and forth as she speaks, her hands covering her face. We have spent the hour experiencing the depths of her despair, traveling back in time together to a harrowing episode in which her mother drove while under the influence of mind-altering drugs, crashing the car, almost killing them both. Towards the end of our time I ask Jennie how she feels. "I feel like a hole," she tells me in a tiny voice. "Like you're in a hole?" I ask her. "No, like I *am* a hole. Like there is a pit, an indentation, a negative space in the place where I am supposed to be," she answers. I wonder if my question, together with the approach of the end of the hour have left her feeling emptied out, traumatized by the experience of merger as we relived her trauma together, followed by the abrupt separation, a ripping apart into "a devastating sense of two-ness" at the session's end (Tustin 1981, p. 106). Work with Jennie is characterized by just the type of absence she describes: there is a hole in her, and in me, an emptiness that suffuses the heart of the intersubjective space between us, hollowing out our interactions at their core.

SEPARATION AND ABSENCE

Many describe encounters with patients suffused with feelings of deadness, emptiness, and lack in what has been referred to as the black hole or void in internal experience (Balint 1963; Eshel 1998; Gerson 2009; Green 1986; Gurevich 2008; Peltz 1998; Tustin 1972). Because this black hole is an often unformulated internal state defined by what is not there rather than what is, both patients and psychoanalysts lack adequate ways of communicating about this experience of early, traumatic absence and its consequences. One intention of this paper is to continue the discussion about these preverbal states, to elaborate the language for the presence of absence in treatment, both in the internal worlds of patient and analyst, and in the intersubjective overlap created in the relationship between them (Ogden 2004). The internal absence is most often conceptualized as a deficiency in psychic structure, an area

of weak or non-representation. Rather than defining the psychic void solely as a lack of internal development leaving a passively experienced impoverished inner world, this paper highlights the phenomenon of libidinal investment in the original black hole in the early care-taking environment, creating an allegiance to absence, an emotional investment in a state of nothingness that actively impedes psychic growth and shuts down elaboration of the generative unconscious.

The internal void or absence is often formulated in terms of the ongoing structural consequences of a profound lack in early maternal care, a zone of deadness or emptiness that pervades psychic space. It has been connected to early separation from the mother that traumatizes the child, bringing up overwhelming fears of annihilation. Because the infant has not yet developed the ability to symbolize the absence of the object, he is dependent on the concrete presence of the mother to feel safe. According to Winnicott (1971), if the mother is apart from the child, her image remains alive in his mind for x minutes. After x minutes, her image starts to fade; if she stays away $x + y$ minutes the child is in distress but still has not been irreversibly transformed, but:

in $x + y + z$ minutes the baby has become traumatized. In $x + y + z$ minutes the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity, so that primitive defences now become organized to defend against a repetition of 'unthinkable anxiety' ... [p. 97]

When a child experiences the loss of the mother that is too sudden, too early, or too long, it brings up the "nameless dread" (Bion 1962) of catastrophic abandonment. Traumatic separation evokes "unthinkable anxiety" that must be defended against at all costs as all ensuing separations bear the threat of this paradigmatic, unendurable separateness: the gap between self and other having become an infinite, timeless void experienced as too painful to bear (Lombardi 2015).

Winnicott (1971) elaborates that from the child's perspective, there is a time when the mother is dead but can come back to life, and past that, a point when she is felt to be dead forever. As this change takes place, the child experiences a moment of anger, a protest, that is passed over then lost as the new reality of the mother's indelible absence takes

hold of his psyche. There are thus dual dangers looming, according to Winnicott: there is the menace of catastrophic aloneness threatening breakdown from without, and the unexperienced violent reaction to the original separation threatening fragmentation from within.

In order to avoid re-experiencing the trauma of early abandonment, the child may attempt to deny his separateness using omnipotent fantasy and autistic defenses, creating an unrelated shell-self built around a fragmented interior that must exert energy to plug up the hole at his vulnerable core, remaining mortally defended, isolated, and related to an enclosed world of internal objects and inanimate things (Tustin 1986). This encapsulation keeps the child safe from experiencing his separateness and from the traumatic knowledge of his need for the other.

In his discussions of internal absence Winnicott's (1971) predominant emphasis is on the structural impact of the neglectful environment of the original parenting relationship on the dependent child-victim and the way this manifests internally; that is, he foregrounds the passively experienced consequences of early abandonment and their sequelae later in life. To illustrate, he uses a quote from a patient who had suffered repeated abandonments throughout her childhood; referring to her previous analyst she told Winnicott that, "The negative of him is more real than the positive of you" (p. 23), which he interpreted to be representative of an internal world in which absence and loss served as the nucleus around which she organized her self-experience. Winnicott highlights the experiential quality of the void in the patient's psyche, the long-ranging impact of early neglect on the patient, which led her to feel that what was unavailable was more real than the immediately available objects around her. Green (1997) similarly explains that for Winnicott's patient and others like her, "The non-existence, will become, at some point, the only thing that is real" (p. 1082). These understandings illustrate one side of a self-other configuration, the position of child-victim in relation to an absent parent.

Though these formulations and others like them accurately describe the psychic experience of internal absence as inner reality, they privilege the encapsulated experience of early infancy and the long-ranging consequences of being the passive object of neglect. This construction, though eminently useful, leaves out another side of the story—the child's identification with the absent non-object and subsequent

attachment to and investment in the experience of emptiness. The originally traumatic absence becomes introjected as a libidinally-invested attachment to lack, the tie to the non-present object bringing about a sense of futility and cynicism about the power of available human bonds in favor of an internal relationship to absence. Winnicott's patient mentioned above must hold on to the nothingness, the gap having become the barrier beyond which lies certainty of annihilation. As she continued she told Winnicott, "All I have got is what I have not got" (p. 23). Her expression belies the powerful attachment to the absent object and her fidelity to what she has "not got," hence her loyalty to the absence in intersubjective relationships, including the one with her analyst. The nothingness is her everything, it is her attempt to maintain a connection with her primary objects which were defined by their non-presence through absence and neglect.

In a similar example, a patient once told me that though she had been in a harrowing situation over the weekend in which she lost control while skiing and injured herself, that she had felt "safe because *no one* was watching." In exploring this phrase it became clear that the "no one" that was watching her was her internal absent mother. This patient's mother in her lack was still the main object of attachment, the source of safety even as defined by her non-presence.

At an early stage in development, the child needs the mother's presence in order to symbolize and digest his experiences, to make them meaningful. When the mother is absent, there is no containing presence available to help the infant to understand the overwhelming affect associated with her absence. In the child's state of omnipotence, he infers that his neglected state is a consequence of the mother's desire in relation to him (Aulagnier 2001). In other words, he surmises that the mother wants him to feel her absence and neglect. The child attaches this meaning to the early experience of abandonment in order to maintain a connection to the absent maternal object—this state of affairs being more preferable than the catastrophe of having no object at all. The child makes a secret pact with the absent mother, promising to cut off his own needs to fulfill her desire for absence; this in exchange for his continued existence. The need to maintain this meaning, that the mother wanted the child to experience abandonment, creates a strong

bond with the absent object, and inhibits other experiences with present objects that might threaten this important primary link.

The allegiance to absence is analogous to Fairbairn's (1963) model of the internalization of and the attachment to the bad mother, but in this case the mother is bad because absent or neglecting (rather than angry, critical, or intrusive). In other words, the child cathects to a non-object as representative of the original absent bond with the mother. Later in life, he will continue to unconsciously look for similarly absent objects to enact (and attempt to master) the original traumatic experience of absence. The neglectful parent is not only taken in, becoming the source of the internal absence, but also libidinally invested, such that there is an emotional attachment to what wasn't there. This is a powerful devotion to absence, an allegiance to the lack that exemplified the child's early primary relationships. There is an imperative attached to the link with absence, as the persecuting absent object requires the constant presence of the child so that she may continually fulfill her wish to absent herself from him. Aloneness thus takes on the masochistic morality of allowing oneself to be absented, enacting the central primal relationship.

This allegiance to absence is a bond with nothing, a fidelity to nothingness that fills up all the internal space so that no novel experience may take root and grow. Vitality, spontaneity, and other emanations from the authentic self subsequently must be repressed as they threaten the link with the absent non-object. To break the bond with the absent object would mean suffering the original disorganizing catastrophe of her absence, as well as coping with the affective understanding of what one has given up in the maintenance of this early connection.

Patients with this type of "negative investment" are eternally drawn to what is not there, the absence haunting with a powerful hold that pervades all psychic space. The ensuing disavowal of early need leads to a state of suspended animation, the deadness fencing in the private madness of totalizing desire that might otherwise be unleashed (Green 1988; Emery 2002). As such, instead of experiencing a potentially generative bond suffused with creative possibility between self and other, there is a menacing danger perceived in the intersubjective space, one that threatens to break the bond with absence such that the original breakdown and its resultant overwhelming affect be re-experienced.

The original catastrophic abandonment becomes encapsulated, avoided as the affect it encases is indigestible; there is no way to symbolize what was not there, making it impossible to mourn.

AN UNARTICULATED NON-PRESENCE

An allegiance to absence differs from Green's (1998) dead mother in that this type of object relationship is a pre-symbolic connection to an unarticulated non-presence. Where the dead mother was once available to the child as an intelligible live object who then fades away, the allegiance to absence is a relationship to a state of lack, a more diffuse attachment to a process that defies representation. This results in a connection to an object that is defined by a state of non-generativity, a cathexis to the blanking out of the possibility of creative expansion, in order to maintain loyalty to the absent object and protect oneself from the painful knowledge of what has subsequently been lost. Attachment to a bad object that defies representation leads to a freezing of the original traumatic scene in a concrete space without the capacity to elaborate the internal object world. Instead, the opposite occurs: the absent objects must be protected by keeping the natural development of the generative unconscious in a rigid, stagnant state.

Instead of developing new and more complex internal object relationships (Green 1993) there is a necessary withdrawal of investment in others in order to maintain the link with the original absent object. This leads to a reciprocal wish to eliminate the desire for the other in the self with an ensuing attack on internal objects. This process impairs the capacity for symbolization as new objects cannot be stably represented internally (Reed & Baudry 2005) leaving an internal void that cannot be filled. This early habituation to withdrawal of investment leads to difficulty creating and maintaining internal representations later in life, often leaving only affect and impulse as surrogates for meaningful object relations. This illustrates the way the allegiance to absence, rather than a passively experienced lack of internal structure, is an active and ongoing process of divestment from external reality that inhibits the path to mourning deemed too painful to approach, let alone bear. This allegiance to absence, rather than a passive refusal, is more often an unremitting, active process of deadening potential affective links; a

withdrawal from the possibility of what might be new and enlivening, a continuous negation of the potential to create new objects that requires a measure of energy to maintain.

In addition to a lack of representability of absence, there is often a lack of a *framework* within which to create internal representations, and which holds the capability to contain the experience of emptiness in the self (Green 1998). Because of the intensity of fear that separateness evokes, there is no structure, or experience of internal space with which to hold the absence; there is no blank background against which anticipatory fantasy can arise that spans external and internal worlds (Winnicott 1958). Without this framework, one cannot do the psychic work of *imagining* what is absent, instead shielding the self from its knowledge through denial of difference. The patient cannot conceive of the emptiness. She cannot imagine, contain or give shape to it, so she remains consumed by an undifferentiated state of internal emptiness.

The absent object paradoxically fills up all of the psychic space, pervading all so that nothing new can take root. The potential creativity of internal emptiness is unmanifested as this type of generative space would bring to light the catastrophe of the original experience of absence. The goal of treatment, then, is to begin to give shape to the patient's uniquely experienced internal absence (Gurevich 2008), to symbolize it so that it may be thought about, thus allowing the beginnings of generative emptiness to be experienced in the center of the nothingness, the creative emptiness that is the space from which internal process grows and expands to create increasingly more complex and affectively rich connections.

ABSENCE IN TREATMENT

As the traumatic severing of self from other which is being addressed here occurs before the acquisition of language, and is defined by an act of omission rather than commission, there are no words nor any meaningful actions available to the patient with which to represent what is missing. This leads to a daunting technical difficulty: not only is there an attachment to absence, but the absent object is also undeveloped and thus inaccessible to verbal representation. Because of the unformulated, preverbal nature of the absent object, language is an often inadequate

vehicle for the communication of meaning between patient and analyst. The ability to utilize language meaningfully is predicated upon the capacity to both experience and symbolize the absence of the object. For this one must be able to tolerate separation (Amir 2013). The acceptance of the ambivalence necessary for the symbolic use of language requires individuation and a tolerance for the work of mourning, as it depends both on a tie to the object as well as the capacity to release it and conjure it within.

With an allegiance to absence, language simultaneously enacts the transmission of meaning and renders it void, cutting off internal linkages and affective resonances in order to protect absent objects. Because of the split that this type of “absent language” maintains (Amir 2017), cutting off the live (absented) internal child object, in favor of giving voice to the deadened adult, one must establish a receptivity to a kind of grammar that stands outside of language, in the most basic register of concrete sensation. Specifically, for patients who have experienced preverbal, catastrophic neglect, experiences of the object primarily occur at the level of sensory experience (Ogden 1989). Furthermore, patients who maintain encapsulated or dissociated experiences of early absence are caught in a “closed, bodily world without room in which to create a distinction between symbol and symbolized” (Ogden 1989, p.131). At this level of object relating, words are experienced as things, sensations that soothe or intrude on the emergent sense of self.

The demand on the analytic relationship is thus either one of total non-engagement or of merger. It requires the work of two psyches, two bodies and minds in communion with each other to “dream up” (Ogden 2007) an absence within the analytic third of psychoanalytic treatment. What is missing must be first experienced on a sensory level, then represented in the treatment so that a deep, primary knowledge of the absence can be symbolized, accepted, and integrated in an organic way that does not call up defenses related to traumatic intrusion. A psychoanalytic patient cannot be told simply with words that he is holding on to an early absence. For an integration to occur, the piece that is missing must be accessed from a more basic register of sensory experience; this more basic register is on the level of the experiencing self, in the mode of perception over apperception (Winnicott 1967). This primary, sensory register bypasses the narrative structure imposed on

experience by the higher order intellectual functioning of the mind, which can be defensive in nature.

This undertaking is one in which what is absent becomes accessible through enactive engagement with internal objects that begin to tell the story of absence, often first coming to be known by the analyst who then makes it available, representable and thus knowable to both analyst and patient (Grossmark 2012). Communication through words, especially ones that draw attention to the separateness of the patient and analyst can attenuate the elaboration of the patient's inner experience by arousing his vigilance. As Milner (1969) wrote, "the 'other' has to be created before it can be perceived" (p. 404). The primary attachment, or absence thereof, becomes actualized in treatment in the relationship between patient and analyst, the unique manifestations of which bring to life the absence in the here and now where it can be experienced and transformed. Paradoxically the absence of connection can transform into the presence-of-absence once represented and symbolized, generating novel psychic significance.

Over the course of their process, the analytic couple comes to represent the lack of representation, the absent object manifesting itself through deep engagement with the other in the process of psychoanalytic treatment. But not only does the absence become lived out between patient and analyst, but, so too does the countervailing wish for the reparative *total presence* of the mother (Peltz, 1988). This primal wish for merger, amputated at an early age can be re-experienced in the imaginative space of the analytic frame: as Winnicott's (1971) patient mentioned above told him, "I suppose I want something that never goes away" (p. 23). Thus not only the experience of the original absence "comes to life" in the lived experience of the analytic process, but also the impossible longing for the missing experience of total presence of the maternal figure which can be surrendered to in a fantasy of completeness.

The primary link that has been missing can never be returned, but the integrative psychic work of suffering the pain of this absence can be made possible through the processes of reflection, symbolization, and attribution of meaning. The dissociated state of total dependence and its absence are both conjured up through creative imaginings, dreamed up in the transference-countertransference matrix. The conjunction of

the analytic couple who engage in dialogue verbally and non-verbally, in body and in mind, give meaning to what is being experienced, turning what once felt frighteningly meaningless into a source of meaning itself.

Through this process, the analytic dyad together creates moments of significance in which they relive and give shape to these early experiences. For example, in the vignette described above, in which Jennie described feeling like “a hole,” we first felt merged together in an idealized mother/idealized baby transference-countertransference in which there was an implicit promise that our connection could hold her trauma in a way that would last forever—an experience of total presence. Asking a question that pointed to our separateness, the fact that I couldn’t read her mind and was aware of the approach of the end of the session, ripped us apart into a state of two-ness that left her feeling erased from my mind—an experience of total absence—most likely causing her to retreat into the safety of absence by defensively erasing herself. Points of contact such as these can begin to articulate the presence of absence by connecting up to create a matrix that approximates the missing framework for the creation of meaning.

What follows is a continuation of this case example that illustrates the way a fidelity to a dissociated internal absence was repeatedly enacted in a treatment. The analytic framework encased repeated representations of this motif, each time from a slightly different angle, each time with a slightly different point of view. The theme of absence persistently appeared and disappeared, and was experienced and articulated at differing levels of development and of reality, creating a chain of levels (Hofstadter 1979) that became meaningful through repeated experience of enactment and representation within the therapeutic relationship. This eventually resulted in the internalization of a framework within which to imagine and give meaning to the absent object.

THE CASE OF JENNIE

When she arrived at my office for our first visit, Jennie immediately struck me as slight, and pale, with her long hair pulled back in a tight bun, and dressed in dark colors that accentuated her pallid complexion, calling to mind the image of a ghost. A thirty-two year old freelance journalist, Jennie entered into our meeting with an air of shyness, and

approached our relationship tentatively, never seeming to have been asked about her internal experience before, and never having paid much attention to it herself. From the start, she seemed detached, far away and unreachable, and I felt similarly far away from her myself.

Jennie grew up in a middle-class home in a suburban area with her father, her mother, and a brother three years older than her. She described a neglected childhood in which she felt isolated and unseen, remembering being left alone to play by herself or watch television for extended stretches of time. When Jennie was eight years old her parents divorced. After that, her father moved out of the house along with her older brother. Her father told Jennie that she had to stay behind, so that her mother would not feel abandoned. So Jennie was left alone in the house to accommodate and contend with an erratic mother who was addicted to painkillers and marijuana, depressed and constantly in and out of tumultuous relationships. She was forced to care for herself and her mother, but her most prevalent memory was of spending hours and hours alone in her room with the door shut—isolated and dejected, with her mother similarly barricaded in her own room next door.

Jennie said that she came to therapy because she felt that people seemed to lose interest in her quickly and reasoned that this was because she was “boring.” She spent stretches of time following strangers who seemed “interesting” to her through the streets, buying things they bought, tasting things they ate, trying to mimic their behavior in a way that would somehow make her less “forgettable.” In her attempts to fit in she emptied herself, “erased herself,” as she called it, becoming a chameleon, as she drained herself of her own desires. In her attempts to understand what was missing inside she minutely reconstructed her interactions with people in our sessions, describing conversations with acquaintances, and dealings with professional colleagues at length.

As we started our three-times-a-week treatment, one of the first things she told me was that she tries to distract people by being vivacious and accommodating “over here” (pointing to herself) while what’s really going on is “over there on the side” (pointing to the empty place next to her on the couch). She explained that was where there’s a part of her that she didn’t want anyone to see, the absent part in despair, abject, terrified and desperate for help. Though she described this other state “over there on the side” to me in a tone devoid of affect, I felt that she

was telling me something important about her inner world, and made a mental note of the imperative to keep the existence of this absent part of her alive in my mind as a vital element of our work together.

But even as she described this other, more vulnerable part of herself, Jennie came across as utterly impassive. Especially at first, Jennie appeared to be hesitant and guarded about entering into our relationship. Though the material we talked about always *seemed* rich, and we always *seemed* to be doing good work, Jennie felt far away and detached. At times I was dismayed at how unreachable she seemed, but still tried to allow and make space for what was present on a basic level, challenging her assumptions about her internal sense of badness, putting her feelings into context, and remaining especially sensitive to her unexpressed early needs, attempting to build trust and provide a holding environment in order to facilitate access to these more vulnerable states.

Jennie was both indifferent to my presence and exquisitely sensitive to any intrusion, at times even my gestures and the rhythm of my breath seemed to impinge on her ability to think. As time went on and she began to intermittently experience her affect, Jennie's feelings tended to flood and overwhelm her. She experienced intense somatic symptoms in sessions (for instance she described a feeling of despair as a burning sensation radiating out of her belly button up into her torso). Remarkably, when these acute experiences arose between us, I felt her intense internal sensations in my viscera too, her descriptions of what was going on inside of her seeming to enter into and change my own internal experience, her words physically transforming and giving shape to my feelings as if they were a pliant lump of clay.

What seemed confounding and unique to me about our work was that though we made genuine contact in these powerful and painful moments, and though these experiences seemed to erase all distance between us, our link seemed to dissolve in the very moment Jennie left my office. I started to realize that I wasn't thinking of Jennie between sessions, even after we shared intense experiences together. For example, after the session in which we relived the terrifying night of the car accident described above, I did not think of Jennie again till right before our next meeting when I reviewed my notes, internally wincing as the affective intensity of her story flooded back into my awareness. But instead of thinking of her, I remembered her, with a tinge of guilt in

terms of the *lack* of thought I was giving her; I only recalled her in her absence.

I came to see our experiences of deep connection as encapsulated pockets of aliveness—oases surrounded by long stretches of deadness in which the bulk of our meetings lacked affective intensity and the only thing binding us seemed our mutual sense of duty to one another. We were in the midst of one of these long, mutually withdrawn stretches when I started to notice that as Jennie was speaking; I often situated myself in the same characteristic position I usually find myself in when I'm with my own analyst. Though I think about my analyst when I'm with other patients, it is usually in identification with her position as analyst, as in—"What would my analyst say in this situation?" Now, with Jennie, I realized that instead of identifying with my analyst in her role as analyst, I was identifying with myself as patient, as in—"I miss my analyst. Maybe I should call her and ask for an extra session this week." I started to realize that these musings during our sessions were reflective of my dissociated needs, and perhaps of Jennie's too.

I began to wonder about this, and about what else was absent from our relationship—what aggression, what fears, what desires? Where was the vulnerable part of Jennie in the empty spot next to her on the sofa, "over there, on the side?" And why couldn't I connect to her? A potential space had opened up where it had previously been collapsed, allowing reverie to start to emerge as a symbolizing process between us (Ogden 1997). I became aware that I had been privileging the experiences in which her younger states emerged, using them as proof of our connectedness, and lost my faith in our bond the more time we spent in a state of detachment. It occurred to me that I had been thinking of her withdrawal as a defense against loss rather than the representation of a specific form of object relationship—a tie to an absent mother.

Though nothing between us changed externally, I began to get more in touch with my own loneliness and fears of abandonment, along with a deep wish for closeness with Jennie that I had previously kept out of awareness. Reinvigorated, I began to make a point of thinking about what might be happening inside of Jennie, working to consciously keep her experience in mind, at times even visualizing a live and beating heart inside of her, wondering about the inner workings of a separate

subject, with a center of gravity, an intelligence, and an internal spark all her own.

In the week following these realizations, Jennie brought in a dream: *I have this little baby and I'm supposed to feed it, but I keep losing it. I first start to feed it and then I lose it. Then I find it again and feel relieved, but then I lose it again. I keep scrambling to find it and then settle down, but as soon as I relax and start feeding it, it disappears again. It was a frantic dream.* In the discussion that followed, Jennie associated to her recent experiences of losing several of her personal effects. Over the course of two months, she had lost her phone, an expensive pair of sunglasses, and a set of keys—all of which she found again soon after. I was curious about what this losing and finding could represent. Was there some part of her without words that kept getting lost in our work together, was she attempting to alert us to the possibility that something in her was missing and needed to be found? The urgency of the experience was striking.

Thinking of her dream I said, “Maybe it feels like there is a piece of you that we keep losing and finding over and over again. A piece that is hungry and needs to be fed.” Jennie nodded, then went on to tell me about the bulimic issues with eating that she had long been keeping secret from everyone, including me. She described the way she restricted her food intake for extended periods of time and then compulsively binged on rich foods that filled her up till she made herself sick. She felt ashamed of her problems with eating and connected them to the experience of the infant in the dream that she couldn’t keep hold of. Jennie said that in her core, “there is this small person, my little self. She’s not capable—she’s too young. It’s just me by myself, there’s no family and it’s without love. It’s like a vacuum. It feels like there’s hardly air.” Jennie’s chest started heaving as she spoke, as if gasping for air. “I can’t breathe,” she said.

Unsettled, I could feel the fragility of the moment but felt unsure of what to say. Eventually, Jennie’s breathing began to slow down, but she remained distraught. I could sense that she felt alone with her feelings, as if her words and affect kept ricocheting back at her in an isolated space all her own. She needed something from me, but I was paralyzed, unable to think. Jennie left the session un-soothed. In the following sessions, she felt far away, deadened, intellectually engaged in reflecting on the session, and the feelings that had emerged in it, but emotionally

absent from our relationship. There didn't seem to be a way back to the affective experiences of that session.

Dismayed at what felt like a lost opportunity to build on our connection, I thought about Jennie after our session, and brought up what had happened between us in supervision. As my supervisor and I discussed the ways I kept myself from being too involved in Jennie's traumatized states for fear of intruding on or injuring her we came to a pause in our conversation; my attention became unfocused, my mind wandered. In that moment I imagined with great clarity an image of Jennie and me sitting together in my office, an inert body laid out between us. Grey, corpselike, it rested on a block with intravenous tubes coming out of each of its arms. One of the IV's ran from the prostrate body to Jennie's arm, and the other to mine, each of us connected to this lifeless mass, infusing it with our own blood, each of us feeding it, sustaining it, keeping it on life support in some limbo state between life and death.

When I imagined the corpse coming to life, I became flooded with dread. I realized then that I had been unconsciously invested in keeping something dead between Jennie and me, and that in fact we were both invested in keeping something absent, something immobilized and frozen in ourselves and in our relationship. As I mused about this image and how it reflected what was happening within and between Jennie and me, I connected it back to my childhood. I realized that because of my allegiance to my own internalized absent objects, I had been avoiding stirring up and experiencing certain feelings in our work together. It was an early attachment in which I committed myself to enlivening the dead other and remained dedicated to this impossible task, the structure of which formed the basis of our bond and as such was never meant to change. Jennie and I were holding the emptiness together, both of us committed to maintaining the connection to the absent object and thus keeping our relationship suspended in a liminal purgatory between life and death. We had entered an unconscious pact in which if one of us threatened change in the relationship, attempting to leave behind the deadened object, the other took her up again, asserting her dominion over the interactions between us. Here, because of an overlap in our internal worlds, we shared in an enactment in which we both maintained allegiance to the absent object from the past, holding on to the archaic fear that something alive and spontaneous between us could rupture the

strong attachment to the non-present primary object. The unconscious belief that liveliness would betray a primal bond, leading to catastrophic abandonment into an objectless, uncontained, disorganizing explosion of potential aggression and/or desire kept us from allowing a spontaneous, authentic connection to grow between us. Instead, we each maintained our own allegiance to absence, an isolated refuge in a state of nothingness in which no authentic interpersonal contact is allowed to flourish.

This most recent enactment helped me to see more clearly the ways I had been dropping things that came up—on a conscious level I withdrew or smoothed things out to protect Jennie, but I was also unconsciously enacting the role of the absent mother, participating in keeping the deadness alive to guard myself and Jennie from the overwhelming affect that felt certain to arise should the tie to the absent object be challenged. This new awareness of the internal resonances between us freed me to engage in a more lively way with Jennie. I felt more empowered to pursue the meanings and impact of our rupture, to keep the uncomfortable feelings open despite her anxiety and my own fears of being intrusive, and to face what might happen to our link if something new transpired between us.

In our next session, Jennie started out with an air of resignation, recounting how everyone in her office was somehow featured in an article in a local magazine, except for her. I brought up the theme of erasure and connected it to the way I had left her alone in the session when she had experienced the panicked breathing. I had left her alone by not stepping in, I told her, effectively erasing her. She looked surprised, and went back to the stark image in her mind of the little girl at the center of a vast void. As Jennie returned to this image, the feelings of panic began to rise inside of her again, her breath becoming more constricted, her body rocking side to side in an effort to self-soothe. “Jennie,” I said determined to stay alive and connected, “when you look at the void, can you see its edges? How far out does it go?” “Yes,” she answered, “it’s like there’s a pool of black but I can also see a shoreline at its edge.” “Can you imagine anyone inside the void together with you?” I asked. “No,” she answered, “but I guess I can visualize you on the edge of the void, looking in, wanting to join me.”

The look of panic in Jennie's wide eyes began to fade, and her breath began to slow as we fell into a deep silence. We had never previously experienced such a silence together, our sessions filled up with many words, whether they were used to communicate or distance. The silence felt profound, weighty, and I found myself imagining a very young Jennie, swaddled up tightly in a blanket, nestled on my chest. Jennie seemed similarly occupied with thoughts of her own, and the silence felt alive, and grew.

In the next session, Jennie told me that being alone was a foundational assumption that she brought into every relationship and this aloneness was what felt most true. Being alone felt like less of a risk, safe, she said, like a refuge. "I can really understand that," I responded, pausing for a moment, "but maybe that's what being mothered feels like to you. Being in a room with the door shut, all by yourself, that was what it was like to be with your mother, and maybe when you start to feel need that's the kind of relationship you go back to." After a moment I continued, "But I wonder what it would have felt like for someone to come knocking on the door back then, or for me to come knocking on it now." "I probably have been wishing for that for a long time," she answered. I could feel our connection growing. We had been enacting the cycle of absence and presence, coming together and ripping apart, losing and finding, and in this moment could meet in a mutual place that suspended this cycle so that it could become a vantage point from which to reflect and a source of significance.

DISCUSSION

Of course, this was not the end of the absence that was and continues to be a main focus of this treatment, but the case illustrates the powerful hold and central place an early bond with absence can take up in the psyche. Jennie had suffered a childhood suffused with absence and neglect, and as such was devoted to maintaining an internal void in order to protect a sense of order and meaning in her life. This powerful tie, which overlapped with one of my own, manifested itself in the ways Jennie and I took turns absenting ourselves from each other throughout our work together, together taking on the task of maintaining the presence of the absent object in the analytic relationship. In this way, we

unconsciously entered a pact in which we both pledged our allegiance to absence, placing the safety of non-interaction above the possibilities of the dreaded unknown that constantly threatened to take place between us.

This work with Jennie powerfully brought to light my own unworked-through allegiance to absence. With the new awareness brought forth through the elaboration of reverie and a series of sensory experiences in our work together, I could begin to see the ways I was participating in not allowing anything new to grow in the analytic relationship. The resistance to seeing this created a powerful enactment in which our internal worlds interlocked such that authentic, generative contact between us was forbidden. I had been blind to the presence of the absent object. Coming to see my own allegiance to absence in situ created a platform for observing and understanding these dynamics (rather than remaining mired in and reacting to them), that imbued our enactment with meaning where there had been none before. From this vantage, I could see that not only was there an absence between us, but that we were each invested in maintaining this absence in fidelity to our respective absent and dead objects. This allowed me to conceive of the absence and subsequently access myself in a new way, to integrate and connect with other parts of myself and of Jennie.

The profound dread I experienced during the reverie in which the corpse between Jennie and me came to life revealed the fear of breaking this primal bond to the absent object. It is the force of this fear and the attendant feelings of disorganizing abandonment and overwhelming loss that keep vitality from manifesting interpersonally in an allegiance to absence. As the analytic process unfolded and became more symbolizable, I no longer had to hold on to the primal tie to the absent object to avoid catastrophe, new types of feelings and my own creative process were allowed to emerge in the space between us. This internal experience clued me into a similar investment in absence in Jennie's inner world. Jennie was fearful of allowing anything new to happen between us and remained loyal to the interpersonal nothingness we had both long been nursing. As the absent object became more clearly articulated, we could begin to look at the power of that attachment and the forces that kept it in place, and I could start to challenge the absence by coming to life myself.

Because the type of early absence illustrated here comes about at a time when the difference between self and non-self is still developing, language and other types of communication that clearly define self and other may not be the most useful methods of broaching these early unformulated states. The split between the articulate adult and nonverbal child selves makes it difficult to access such early affective states through verbal communications. Experiences of merger and fusion that blur the delineation between self and other create opportunities to non-intrusively reach split off parts of the self, so that a wordless or absent state can be understood from *within* that position, while also being moved into a transformative interpersonal relationship. This is similar to Winnicott's (1945) notion that a mother and child "live an experience together" (p. 141) when the pair meet in a moment in which each of their desires temporarily coincide, creating an illusion that blurs the lines between internal and external worlds. Treating an allegiance to absence requires that the story of the black hole in the early care taking environment be told in a medium that does not require the patient's self-definition.

One medium in which this can occur is through the register of enactment and bodily experience, a recreation of what is missing within the dream-like space of the transference field. As Bion (1970) wrote, "The analyst must focus his attention on O, the unknown and unknowable With this the analyst cannot be identified: *he must be it*" (p. 27, italics added). With Jennie, the story of absence was communicated in the register of the enacted (Grossmark 2012), in which the absent object became embodied in and between us through our overlapping identifications. The analyst is receptive to the full range of the patient's communications, on sensory, bodily as well as affective and intellectual levels, and makes her inner contents available to be used to "become" early objects in an array of different manifestations. In this way, Jennie and I became both the absent mother, and the absented child in our work together, such that her early object history could begin to be told between us in the enacted dimension, without words. Specific internal resonances, such as the identifications with absent objects that Jennie and I shared, brought aspects of patient and analyst to the fore in the context of the intersection of two internal worlds. Accordingly, lost parts of the patient's self could be linked up, recognized and given significance. But this recognition cannot come in externally, by persuasion,

force or coercion; it is conjured organically in the overlap of two lives lived together. This requires the analyst to allow herself to be used in the service of creating the environment in which the patient's early object relationships can come to life.

This process occurs slowly through the process of elaboration of proto-symbolic material in the analyst's reverie and through the intersubjective engagement with the concrete, enactive aspects of psychoanalytic treatment. Interestingly, moments of transformation in Jennie's analysis first emerged in the form of new types of sensory awarenesses. For example, a bodily position that brought about an association to my own analysis, the visualization of a beating heart inside of Jennie, and the vivid reverie in supervision that helped bring to light some of our shared dynamics. Jennie then used the visual image of herself in the void to conjure an affective experience that evoked a powerful bodily experience, and I was able to build on this image to help find the edge of the void in which containment of the absence could become a new possibility.

Communications thus took place in language, but also spoke to more basic parts of the self through utilization of the grammar of the sensory and visual registers that don't require the work of self-other differentiation. As Aulagnier (2001) said, "The cathexis of sensory activity is the very condition of existence of a psychical life, since it is the very condition for the cathexis of the activity of representation" (p. 35). Connecting to the sensory mode of communication and utilizing it to make meaning accesses the most basic building blocks for creating internal representations. Perhaps with Jennie, nonverbal communications were necessary to first give shape to and symbolize the unique experience of internal absence before more directly challenging the ties that keep it so powerfully in place.

An allegiance to absence is an intense, pervasive bond to a non-present caretaker whose lack leaves a void in her wake. It is important that the process of recognizing, formulating, and giving shape to this inchoate object experience takes place in treatment so that the powerful tie to the absence can be addressed. The different manifestations of absence that arise in the analytic relationship can be linked up to tell the story of the each person's unique bond with absence, so that the allegiance that exerts a tight grip on the internal world can begin to be loosened. In this way, what once felt like nothingness can become the generative

emptiness from which the internal world can be allowed to expand and grow into a universe filled with possibility.

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850 7th Avenue, Suite 806
New York, NY 10019

rachelosopher@gmail.com